



www.kansascrimestoppers.com

## Membership Application

Name \_\_\_\_\_  
Last First Middle Initial

Title/Position \_\_\_\_\_

Agency/Program \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Crime Stoppers Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Class of Membership Applying For:

- |                                     |                  |
|-------------------------------------|------------------|
| <input type="checkbox"/> Individual | \$15.00 Annually |
| <input type="checkbox"/> Program    | \$30.00 Annually |
| <input type="checkbox"/> Scholastic | No Cost          |

### 2017 Membership January 1 - December 31, 2017

Please Return a Copy of This Form and Payment by 2/1/17  
Make Check Payable To

**Kansas Crime Stoppers Association**  
c/o Det. Kevin Boehm  
3100 Broadway, Suite 226  
Kansas City, MO 64111